

New Jersey Board of Nursing
P.O. Box 45010
Newark, NJ 07101
(973) 504-6430

INFORMATION FOR LICENSURE BY ENDORSEMENT IN NEW JERSEY

Enclosed is an Application Packet for Licensure by Endorsement. Read the following information carefully before completing the application.

If you previously held a license in New Jersey, **DO NOT** complete this application. You must contact the Renewal Department to complete an Application for Reinstatement.

APPLICATION INSTRUCTIONS

1. Check the type of license for which you are applying .
2. Attach passport type photograph. Sign your name on the front of the picture. Do not write over the facial features.
3. Complete the entire application.
4. Sign the application (4 signatures are required).
5. Notarize the application.
6. Submit a personal check or money order in the amount of \$140.00 made payable to the New Jersey State Board of Nursing.

REQUIREMENTS FOR LICENSURE

1. Complete the Certification and Authorization Form and have it notarized.
2. Written verification of licensure in good standing from the state in which the applicant was originally licensed, currently licensed, and from every state in which the applicant has ever been licensed. The verification shall be forwarded directly to the New Jersey Board of Nursing from the applicable state board(s), if those state(s) are not listed on the NURSYS License Verification Form.

GENERAL INFORMATION

We will make every effort to process your application timely; however, the process will be delayed if the application is incomplete or required documentation is not submitted. Please note that the Board of Nursing does not issue a temporary license.

If you change your name and/or address after submitting an application for licensure, you must notify the Board in writing **immediately**, in order to receive important information.

It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. Information on the status of the endorsement licensure file will be given to the applicant **ONLY**.

Any incomplete application which has remained inactive for one year will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.

EXAMINATION SCORES (N.J.A.C. 13:37-4.2)

(A) Applicants for professional nurse licensure by endorsement shall be required to have attained a passing score on the licensing examination as follows:

1. If licensed prior to March 1954, the passing score required in the state of original licensure.
2. If licensed between March 1954 and July 1982, the passing score required In New Jersey in all subjects of the State Board Test Pool Examination.
3. If licensed after July 1982, the score required for all applicants for licensure by NCLEX-RN.

(B) Applicants for practical nurse licensure by endorsement shall be required to have attained a passing score on the licensure examination as follows:

1. If licensed prior to January 1, 1949, the passing score required in the state of original licensure.
2. If licensed between January 1, 1949 and December 31, 1960, a score of 350.
3. If licensed after January 1, 1961, a score of 375 on the State Board Test Pool Examination.
4. If licensed after October 1982, a score of 350 on the NCLEX-PN.
5. If licensed after October 1989, a "pass" score on the NCLEX-PN.

LICENSED PRACTICAL NURSE

Attendance in or successful completion of a professional nursing program **shall not** serve as an equivalent or substituted qualification for the practical nursing educational requirement. (N.J.A.C. 13:37-4.1(b))

NURSING PRACTICE ACT

It is the applicant's responsibility to keep current on the laws pertaining to their practice, and the Algorithm for determining scope of nursing practice and making delegation decisions as these laws are subject to change. Please review the Statutes and Regulations on the Board's website as the Regulations are revised occasionally. (www.state.nj.us/lps/ca/medical/nursing.htm)



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
124 HALSEY STREET, 6TH FLOOR, NEWARK, NJ
www.state.nj.us/ps/ca/home.htm

JAMES E. MCGREEVEY
Governor

PETER C. HARVEY
Attorney General
RENI ERDOS
Director

November 2003

Mailing Address:

P.O. Box 45010
Newark NJ 07101
(973) 504-6430

Dear Applicant:

Recent legislation requires the Division of Consumer Affairs to conduct criminal history record background checks of all health care professionals prior to the issuance of an initial license or other authorization to practice a health care profession (N.J.S.A. 45:1-28 et seq.). The records of the Division show that you are a current applicant for licensure or certification as a health care professional, and as such, the Division must arrange to conduct a criminal history check of your background.

In order for the Division to conduct a criminal history record background check, you must complete the enclosed Certification and Authorization Form and return it to the mailing address above.

(In-State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will **forward** you information about how to schedule an appointment with Sagem Morpho, Inc. to have your fingerprints electronically recorded. ***A \$78.00 fingerprinting fee must be paid to Sagem Morpho Inc., at the time of fingerprinting.*** The \$78.00 should be in the form of a check or money order payable to Sagem Morpo, Inc.

(Out-of State Applicants)

Upon receipt of the completed Certification and Authorization form, the Board will **forward** you one state and one federal fingerprint card. Out-of-state applicants must have their fingerprints recorded, on the cards provided, by their local police department, by their state police department or by their local law enforcement agency. You must return the fingerprint cards to the Board or Committee with the required fee. Applicants submitting fingerprint cards will be required to pay a \$78.00 fee to have their fingerprints scanned into the electronic system by Sagem Morpho, Inc. ***The \$78.00 should be in the form of a check or money order made payable to Sagem Morpho Inc.***

If you fail to complete and return the Certification and Authorization Form, your application for licensure or certification will not be processed and your application will be considered abandoned.

The New Jersey Board of Nursing

George J. Hebert, MA, RN, APN, C
Acting Executive Director

Official Use Only

License Type

Applicant's Number



State of New Jersey
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
PO Box 45010
NEWARK, NEW JERSEY 07101
(973) 504-6430

**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form and sign it in the presence of a notary.

1. Name ☐ Mr. ☐ Mrs. _____ (_____)
☐ Ms. _____ Last First Middle Maiden Name
2. Address _____
Street or P.O. Box City State ZIP code
3. Date of birth ____/____/____ Sex: ☐ Male ☐ Female
Month Day Year
4. Social Security number _____ / _____ / _____
5. Have you ever been convicted of a crime or an offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

Every such conviction on record must be disclosed. A true copy of every judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____
County of: _____ } ss.

I, _____, in making this application to the Board or Committee for certification or licensure, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

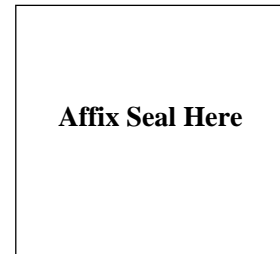
Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45010
NEWARK, NEW JERSEY 07101
(973) 504-6508

Check license you are applying for:

- ☐ Registered Professional Nurse
☐ Licensed Practical Nurse

Date received:

Official Application for Licensure by Endorsement

Date: _____

Please enclose an endorsement application filing fee of \$75.00 and a license certificate fee of \$65.00 (for a total of \$140.00) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.). The \$75.00 fee covers the application only and will not be refunded or held over. Only the license certificate fee of \$ 65.00 is refundable if you are determined to be ineligible for licensure or certification.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. *Social Security Number: _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, _____ ,
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Bureau of Citizenship and Immigration Services (B.C.I.S.).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the B.C.I.S. at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a practical nurse” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a practical nurse, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a practical nurse, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever changed your name? ☐ Yes ☐ No

If “Yes,” please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Do you currently hold, or have you ever held a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as a parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 17, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school. Use additional sheets of paper if necessary.

A. Name of schools attended and locations	B. Number of Years Attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
High School or Primary School <div> <div>Name of school</div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>City</div> <div>State/Country</div> </div>		<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	Check appropriate type: <input type="checkbox"/> Graduate diploma <input type="checkbox"/> Graduate equivalency diploma
Postsecondary School(s) including basic nursing education programs <div> <div>Name of school</div> <div>Program major</div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>Program major</div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>Program major</div> <div>City</div> <div>State/Country</div> </div>		<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<p>* Note: If your professional school was located outside the U.S., and you have a copy of your degree/diploma in the original language, attach a copy to this form.</p>

Nursing Work Experience

Do not include a curriculum vitae or resume it will not meet the regulatory requirements for completing this application.

1. List the nursing experience you have acquired. Provide the information about your current employment first. Use additional sheets of paper if necessary.

(a) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(b) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(c) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

Important Information

1. You must be at least 18 years old to apply for licensure by endorsement.
2. Verification forms from every state or jurisdiction in which you have been licensed or certified must be sent directly to the New Jersey Board of Nursing by the board of nursing in each state or jurisdiction.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the New Jersey Board of Nursing for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY BOARD OF NURSING
124 HALSEY STREET, 6TH FLOOR, P.O. BOX 45010
NEWARK, NEW JERSEY 07101
(973) 504-6508

License Verification Request

Directions: Complete only the top portion of this license verification form and forward it to the Board of Nursing in the state(s) in which you are or have been licensed. The board(s) should complete the form and return it to the New Jersey Board of Nursing. Note: Be advised that the board(s) completing the form may charge a fee for license verification. Please call the board(s) to check on fees for license verification prior to submitting this form.

☐ Registered Nurse

☐ Licensed Practical Nurse

Name: _____
First name Middle name Last name Maiden name, if applicable

Name on original license: _____ Telephone number: _____
(include area code)

Current address: _____
Street City State ZIP

School of nursing: _____ Location: _____

Year of graduation: _____ License number: _____ Year issued: _____

This section is to be completed by the State Board of Nursing.

1. License registration number: _____ Date: _____

2. Did the applicant graduate from a board accredited or approved school of nursing? ☐ YES ☐ NO

3. State Board examination scores: (If the exams were taken prior to 1949, please list the subjects and scores.)

	Score	Series		Score	Series
Medical nursing			Surgical nursing		
Nursing of children			Obstetric nursing		
Psychiatric nursing			N.C.L.E.X.		

4. Was license issued by:

State Board test pool exams? ☐ YES ☐ NO Score _____ Series _____

N.C.L.E.X.? ☐ YES ☐ NO Score _____ Series _____

Waiver? ☐ YES ☐ NO Date _____

5. Has this license ever been revoked, suspended or voluntarily surrendered? ☐ YES ☐ NO
If "YES," please provide a description of the charge(s) and any action(s) taken and provide a copy of any complaint, order and voluntary surrender document.

**Official
Seal**

I certify that the statements contained herein are true to the best of my belief,
and I recommend this nurse for licensure in the State of New Jersey.

Secretary _____

State _____

Date _____

In the United States

Alabama	(334) 242-4060
Alaska	(907) 269-8161
Arizona	(602) 331-8111
Arkansas	(501) 686-2700
California RN	(916) 322-3350
California PN	(916) 263-7800
Colorado	(303) 894-2430
Connecticut	(860) 509-7624
Delaware	(302) 739-4522
Washington DC	(202) 442-4380
Florida	(904) 858-6940
Georgia RN	(912) 207-1640
Georgia PN	(912) 207-1640
Hawaii	(808) 586-3000
Idaho	(208) 334-3110
Illinois	(312) 814-2715
Indiana	(317) 232-2960
Iowa	(515) 281-3255
Kansas	(785) 296-4929
Kentucky	(502) 329-7000
Louisiana RN	(504) 838-5332
Louisiana PN	(504) 838-5791
Maine	(207) 287-1133
Maryland	(410) 585-1900
Massachusetts	(617) 727-9961
Michigan	(517) 373-9102
Minnesota	(612) 617-2270
Mississippi	(480) 987-4188
Missouri	(573) 751-0681
Montana	(406) 444-2071

Nebraska	(402) 471-4376
Nevada	(775) 688-2620
New Hampshire	(603) 271-2323
New Jersey	(973) 504-6430
New Mexico	(505) 841-8340
New York	(518) 474-3843
North Carolina	(919) 782-3211
North Dakota	(701) 328-9777
Ohio	(614) 466-3947
Oklahoma	(405) 962-1800
Oregon	(503) 731-4745
Pennsylvania	(717) 783-7142
Rhode Island	(401) 222-2827
South Carolina	(803) 896-4550
South Dakota	(605) 362-2760
Tennessee	(615) 532-5166
Texas RN	(512) 305-7400
Texas PN	(512) 305-8100
Utah	(801) 530-6628
Vermont	(802) 828-2396
Virginia	(804) 662-9909
Washington RN	(360) 236-4713
Washington PN	(360) 236-4713
West Virginia RN	(304) 558-3596
West Virginia PN	(360) 558-3572
Wyoming	(307) 777-7601

Outside Continental USA

American Samoa	(684) 633-1222-206
Guam 011	(671) 475-0251
N. Mariana Island	01-670-234-8950 through 8954
Puerto Rico	(787) 725-8161
Virgin Island	(340) 776-7397

If you are from a compact state you will need to download a NURSIS Verification Form (<https://www.nursys.com>)